

COVER PAGE

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Please type or print in ink

NAME (LAST)	(FIRST)	(MIDDLE)	DAYTIME TELEPHONE NUMBER
Delgadillo	Therese	Maria	(916) 654-1897
MAILING ADDRESS (May use business address)	STREET	CITY	STATE ZIP CODE OPTIONAL: FAX / E-MAIL ADDRESS
1600 9th Street, Room 240, Sacto,	CA	95814	(916) 654-2167

1. Office, Agency, or Court

Name of Office, Agency, or Court:

Department of Developmental Services

Division, Board, District, if applicable:

Office of the Director

Your Position:

Chief Deputy Director/Interim Director

→ If filing for multiple positions, list additional agency(ies)/ position(s): (Attach a separate sheet if necessary.)

Agency: See attached

Position:

2. Jurisdiction of Office (Check at least one box)

☒ State

☐ County of _____

☐ City of _____

☐ Multi-County _____

☐ Other _____

3. Type of Statement (Check at least one box)

☒ Assuming Office/Initial Date: 2/27/06

☐ Annual: The period covered is January 1, 2005, through December 31, 2005.

-OR-

☐ The period covered is ____/____/____, through December 31, 2005.

☐ Leaving Office: Date Left: ____/____/____ (Check one)

☐ The period covered is January 1, 2005, through the date of leaving office.

-OR-

☐ The period covered is ____/____/____, through the date of leaving office.

☐ Candidate

4. Schedule Summary

→ Total number of pages including this cover page: 2

→ Check applicable schedules or "No reportable interests."

I have disclosed interests on one or more of the attached schedules:

Schedule A-1 ☐ Yes - schedule attached
Investments (Less than 10% Ownership)

Schedule A-2 ☐ Yes - schedule attached
Investments (10% or greater Ownership)

Schedule B ☐ Yes - schedule attached
Real Property

Schedule C ☐ Yes - schedule attached
Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)

Schedule D ☐ Yes - schedule attached
Income - Gifts

Schedule E ☐ Yes - schedule attached
Income - Travel Payments

-OR-

☒ No reportable interests on any schedule

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed February 27, 2006
(month, day, year)

Signature _____
(File the originally signed statement with your filing official.)

Member
State Independent Living Council

Member
State Council on Developmental Disabilities

Member
State Interagency Coordinating Council

Member
California Governor's Committee on Employment of People with Disabilities